viously he had been seen to bite paint from the side of his bed. After a short while he began to vomit his food. He was given castor oil by his parents and after a few days was very much better. The day before admission the vomiting and diarrhea began again. Previous to admission the child had been healthy and teething, and growth and development had been normal. The mother said that he had had a fall from bed a week before admission, and there was a small contusion over the left eye, which had disappeared for the most part and there was nothing else present to indicate that the fall had caused any serious injury. On physical examination it was found that the tonsils were hypertrophied. The vomiting was persistent. The stools of which there were four or five a day, were green in color, and contained much curds and mucus. The temperature for the first ten days after admission did not exceed at any time 100°. During the first forty-eight hours all food was withheld. The stomach was washed and the colon was irrigated. A cathartic was given. The vomiting was persistent for about a week, and at the time was considered as more than the vomiting which ordinarily accompanies an intestinal disturbance of this kind. The paint was considered as an etiological factor, but at this time no other symptoms but the vomiting could be discovered that warranted a diagnosis of lead poisoning. At the end of ten days the child had improved greatly. Because the mother was in the hospital the patient was kept in the hospital, although under ordinary circumstances he would have been discharged. During the following week the improvement was marked. One morning the nurse discovered him biting on the painted rail of his bed, and it was seen that he had bitten off some of the paint, his stomach was washed and he was given a cathartic. The bed was draped with sheets so that he could not get to the painted part. For twenty-four hours he did not give any evidence of any ill-effect from taking the paint this second time. At the end of this time he vomited his food, and the persistent vomiting and diarrhea returned. These symptoms continued for a week and it seemed to be the logical belief that the lead was the cause of the trouble. On or about the eighth day stippled red cells, Grawitz's granules, were shown. About the same time a blue line was observed on his gums near the upper incisors. On the tenth day after the recrudescence of the vomiting, distinct meningeal symptoms appeared. The head was retracted, and the extremities were extended and rigid. Kernig's sign was negative. Brudzinski's neck sign was positive. Brudzinski's collateral reflex was negative. The child seemed distinctly toxic. A ptosis of the left upper lid was occasionally present. The child was comatose most of the time. There was variable pupillary reflex, and occasional strabismus of the left eye inward. There was no nystagmus. The respiration was markedly irregular as to time and depth and later became of the Cheyne-Stokes type. The temperature did not rise to above 100° until just before death, when it rose rapidly to 103°. Laboratory examinations were for the most part negative except for the Grawitz's granules in the blood and the findings of a serous meningitis in three spinal fluids. Convulsions were few and milder than were expected. The child died on the twelfth day after the appearance of the meningeal symptoms. The etiological diagnosis was based on the presence of Grawitz's granules, the lead line and the history of twice having ingested paint from his bed. The recognized fact that lead is capable of affecting the central nervous system, and the absence of any infection seem to justify the conclusion that the meningitis was due to lead poisoning.

The Treatment of Pyelitis in Infancy and Childhood.—KRETSCHMER and HELMHOLTZ (*Jour. Am. Med. Assn.*, November 13, 1920) treated a series of 11 cases by pelvic lavage with silver nitrate. They claim nothing new for the treatment by pelvic lavage, and they do not think that silver nitrate is a specific. The excellent results obtained in the treatment of B. coli infections in adults by means of silver nitrate injections of the renal pelvis seem to justify an attempt to treat a series of cases by this method in order to determine whether or not this could be applied to the treatment of pyelitis in infants and children, and whether this method was a better one than the treatment by medicines and vaccines. There are two factors that have prevented this method from being employed more frequently and these are because it is not generally known that it is possible and because general anesthesia is necessary. With the rapid advance in developing and perfecting small cystoscopes, this field has been materially enlarged so that cystoscopy can be performed in infants as easily as in adults. In boys, because of anatomic considerations, cystoscopy cannot be carried out as early as in girls, but one of the authors has done this repeatedly in boy babies of fourteen months. It has been suggested that external urethrotomy be done in boys to facilitate the procedure, but this has not been done. The youngest patient was seven months of age. In this case both ureters were catherized simultaneously, and both renal pelves were treated with silver nitrate. The oldest child was ten and a half years. The other patients were one child one and a half years; one two years old; two two and a half years old; one five years; one seven years; two eight and a half years. All these cases were girls. No untoward symptoms followed instrumentation and treatment. The object sought was to render the urine free from pus and sterile. No case was considered cured until these were accomplished. In 9 of the 11 cases complete cures were obtained. The cultures were reported sterile if no growths were found at the end of forty-eight hours. In order not to overlook the possibility of the development of slow growing organisms, the plates were kept in the incubator for five days before a final report of a sterile culture was given, so that in all of the cases it can be said that the culture was negative after five days. One patient left after one treatment, and the cultures showed the presence of infection. This is not included under the cured cases, although the urine was free from pus. Silver nitrate solution was used in each case. The strength of the solution was 0.5 per cent. The amount injected varied from 1 c.c. in the infants to 5 c.c. in the older children. The number of injections required to render the urine sterile varied. Three patients required but one injection. Five required two injections and one required three injections. In 2 cases the kidney urines were sterile before the bladder urines, in 1 case after two injections and in 1 case after one injection. This patient had a B. paratyphosus infection. A subsequent examination after one week showed that the kidneys were again infected. In 10 of the 11